

Implementing Bowen Therapy on SCI patients with Limb Discrepancy

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BACKGROUND Spinal Cord Injury “SCI” patients with legs of differentiating length from paralysis, where body relaxation is not achieved through physical therapy and strength building. Tight muscles, carrying tension, cause pulled fascia tension through the body via the nervous system. Results are burning, tightness, or pain in other areas of the body; especially knees and toes. Perform Bowen on the belly of a muscle where receptors are located, to message the nervous system on the state of stretch, and length of musculotendinous tissue.

METHODS Addresses the entire body by restoring balance via the autonomic nervous system. Treat patients at least once a month. First session includes Bowen procedures BRM 1 and BRM2. Four weeks later BRM1 & BRM2 are performed with the addition of Ankle, Hammertoe and Bunion procedures. BRM1 begins over the erector spinae above iliac crest. Move to edge of gluteal muscle, down to biceps femoris tendon, and finally the iliotibial band. BRM2 begins at erector spinae below inferior angle of scapula. Move to the trapezius and rhomboids; optional left and right latissimus dorsi. Procedure ends on lower erector spinae. Bunion: (extensor helices at the metatarsal phalangeal joint.) Hammertoe: (relax plantar fascia) Ankle: (neurovascular bundle, anterior tibial artery, and deep fibular nerve.)

RESULTS First session: relaxation of both knees was significant. Session two: inclusion of Ankle, Hammertoe and Bunion reduced curling in big toes, relaxed knees, and straighter legs.

CONCLUSION Stimulated receptors via “rolling” over, and challenging the muscle, changes the muscle spasm loop pattern. Joints are innervated with proprioceptors. Moves around this area directly affect the capsule and ligaments of the joint. Increased range of motion without forceful manipulation.

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